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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 60,500-116
		First Inventor Christian Knöpfle
Title		SYSTEM AND DEVICE FOR MEASURING BONE SCREWS
		Express Mail Label No. EV377751256US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

22141 U.S.P.T.O.
10/759458
011604

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Applicant claims small entity status.
See 37 CFR 1.27.
3. Specification [Total Pages (16)]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross reference to related applications
 - Statement regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a Computer program listing appendix
 - Background of the Invention
 - Brief Summary of the invention
 - Brief Description of the Drawings
 - Detailed description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 USC 113) [Total Sheets (4)]
5. Oath or Declaration (unsigned) [Total Pages (4)]
 - a. Newly executed (original copy)
 - b. Copy from a prior application (37 CFR 1.63(d))

(for continuation/divisional with Box 18 completed)

 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identify of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3.73(b) Statement Power of Attorney (when there is an assignee)
11. English Translation Document (if applicable)
12. Information Disclosure Statement Copies of IDS (IDS)/PTO-1449 Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. Request and Certification under 35 USC 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. Other: Check for the payment of the filing fee

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data sheet under 37 CFR. 76:

Continuation Divisional Continuation-in-part (CIP) of prior application no.: _____ / _____
Prior application information: Examiner _____ Group Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)		<input type="checkbox"/> Correspondence address below
27305			

Name	William H. Honaker		
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			(248) 645-1568

Name (Print/Type)	William H. Honaker	Registration No. (Attorney/Agent)	31,623
Signature			
Date	11/16/04		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

CERTIFICATE OF EXPRESS MAILING

I hereby certify that the enclosed **PATENT APPLICATION** and fee is being deposited with the United States Postal Service as Express Mail, postage prepaid, in an envelope as "Express Mail Post Office to Addressee" Mailing Label No. **EV377751256US** and addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria Virginia 22313-1450, on

January 16, 2004

Amy C. Downey
Amy C. Downey

011904

04772
U.S. PTO

FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

770

Complete if Known	
Application Number	
Filing Date	
First Named Inventor	Christian Knopfle
Examiner Name	
Group / Art Unit	
Attorney Docket No.	60500-116

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)					
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> Deposit Account <input type="checkbox"/> None										
Deposit Account Number	08-2789									
Deposit Account Name	Howard & Howard Attorneys, P.C.									
The Director is authorized to: (check all that apply)										
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above identified deposit account.										
FEE CALCULATION										
1. BASIC FILING FEE										
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description		Fee Paid				
1001	770	2001	385	Utility filing fee		770				
1002	340	2002	170	Design filing fee						
1003	530	2003	265	Plant filing fee						
1004	770	2004	385	Reissue filing fee						
1005	160	2005	80	Provisional filing fee						
SUBTOTAL (1)					(\$ 770)					
2. EXTRA CLAIM FEES										
Total Claims	18	-20**	= 0	Extra Claims	Fee from below	Fee Paid				
Independent Claims	3	-3**	= 0		.0	0				
Multiple Dependent				X		0				
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description		Fee Paid				
1202	18	2202	9	Claims in excess of 20						
1201	86	2201	43	Independent claims in excess of 3						
1203	200	2203	145	Multiple dependent claim, if not paid						
1204	86	2204	43	** Reissue independent claims over original patent						
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent						
SUBTOTAL (2)					(\$ 0)					
**or number previously paid, if greater; For Reissues, see above										
*Reduced by Basic Filing Fee Paid										SUBTOTAL (3) (\$ 0)

SUBMITTED BY						Complete (if applicable)	
Name (Print/Type)	William H. Monaker	Registration No. (Attorney/Agent)	31,623	Telephone	(248) 645-1483		
Signature							

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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